DIRECT ENTRY MIDWIFE BOARD
MINUTES
JANUARY 13, 2006

CONVENED:	1:00 p.m.
CONDUCTING:	Holly Richardson, Chair
ADJOURNED:	4:55 p.m.
MEMBERS PRESENT:	Holly Richardson Heather Johnston Krista Black Suzanne Smith
MEMBERS EXCUSED:	Vivian Giles
DIVISION STAFF:	Laura Poe, Bureau Manager J. Craig Jackson, Division Director Shirlene Kimball, Secretary
GUESTS:	Bob Newman, MD UMA Michelle McOmber, UMA Janet Barton

TOPIC OF DISCUSSION:	**DECISIONS/RECOMMENDATIONS:**
DECEMBER 9, 2005 MINUTES:	Approved with corrections.
LEGISLATIVE UPDATE:	Ms. Poe reported there is no authority to develop a formulary and the Rules Committee has completed its directive and is no longer needed. HB237 will repeal sections 202 and 203 of the Direct-Entry Midwife Act. Section 202 is the Licensed Direct-Entry Midwife Formulary Committee and section 203 is the Licensed Direct-Entry Midwife Temporary Rules Committee.
REVIEW OF COMMENTS PROVIDED REGARDING THE RULES HEARING:	The Utah Medical Association commented on the Rules and suggested that if placenta previa is present at 23 weeks, it should be placed in the mandatory transfer bucket. Ms. Johnston researched this

issue and reported that major previas that are diagnosed between 1-24 weeks are still present less than 5% of the time at 32 weeks. She indicated she found that a low-lying placenta has a 95% chance of moving and will be classified as normal. Board members indicated there is no disagreement that complete previa must be transferred, the question is when to transfer. Board members indicated that finding the previa early does not change the course of treatment. Ms. Poe stated that literature provided by the medical association shows the number one cause of problems is the delay in transferring the patient.

Dr. Newman, UMA, stated he feels the entry level midwife should develop a relationship with other health care professionals. Ms. Smith indicated the LDEM would like to go to the hospital with the patient if the patient needs to be transferred. However, the LDEM is not usually welcomed in the hospital and the physician may not talk to the LDEM to find out what the treatment and circumstances may be.

BREAK AT 2:35 P.M.
RECONVENED AT 2:45 P.M.

CONTINUED DISCUSSION REGARDING RULE HEARING COMMENTS:

Board members discussed whether or not moderate eclampsia should be eliminated and have the buckets only address mild and severe eclampsia. Severe eclampsia would be in the transfer bucket, but mild would be defined and moved from the collaborate bucket to the consult bucket. The definition would be diastolic bp of 90 or greater in two readings at least 6 hours apart and

with urine dip stick or labs being abnormal.

Additional comments:
-Ms. Black stated she does not agree that a woman pushing for x amount of time should seek different care. She stated a time limit on pushing should not be imposed. However, a failure to progress should be transferred, but it does not necessarily mean a mandatory transfer.
-Add gestation greater than 43 weeks to the transfer bucket
-Vback - Uterine rupture. Board members indicated an informed consent should be in place, but it should be left in the bucket where Board members placed it.
-Twins is a variation of normal and is already in the consult bucket.

NEXT MEETING: The next meeting has been scheduled for February 23, 2006 at 1:00 p.m.

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HOLLY RICHARDSON, CHAIR DATE

_____ _____
LAURA POE, BUREAU MANAGER DATE